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APPLICANTS

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** CONTINUING DATA *****

none

MI

** FOREIGN APPLICATIONS *****

none

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/2002

MI

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	6	30	3

Signature: *mdy/Inda* / MI
 Examiner's Signature Initials

ADDRESS

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TITLE

Re-ordering requests for shared resources

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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